

PATENT

Attorney's Docket No. FP-4039.2 MCW

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

original  
 design  
 supplemental

**NOTE:** If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

national stage of PCT

**NOTE:** If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional  
 continuation  
 continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

**MULTIPLE BLADDER PARTIAL BODY OR FULL BODY SUPPORT  
MASSAGE SYSTEM INCLUDING A METHOD OF CONTROL**

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

(a)        is attached hereto.

(b)        was filed on                  as Serial No.                  or

       Express Mail No., as Serial No. not yet known                  and  
was amended on                  (if applicable).

**NOTE:** Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c)  was described and claimed in PCT International Application No. PCT/US00/17280 filed on JUNE 23, 2000 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

#### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

#### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d)  no such applications have been filed.

(e)  such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

#### EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 37 USC 119
			____ YES ____ NO
			____ YES ____ NO
			____ YES ____ NO
			____ YES ____ NO
			____ YES ____ NO

#### ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

E.J. Biskup	18,987	W.H. Francis	25,335	J.P. Moran	20,941
C.S. Brower	57,252	A.M. Grove	39,697	S.L. Permut	28,388
D.A. Burns	46,238	R.W. Hoffmann	33,711	W.J. Schramm	24,795
R.C. Collins	27,430	E.T. Jones	40,037	R.L. Stearns	36,937
P.J. Ethington	17,299	J.F. Learman	17,069	J.D. Stevens	35,691
J.C. Evans	20,124	J.K. McCulloch	17,452	C.R. White	20,494
R.L. Farris	25,112	W.J. Waugaman	20,304	M.J. Schmidt	43,904
F.J. Fodale	20,824				
W.H. Griffith	16,706				

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:  
(NAME AND TELEPHONE NUMBER)

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Troy, MI 48099-4390

John C. Evans  
(248) 689-3500

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

## SIGNATURE(S)

1-00 Full name of sole or first inventor Richard P. Rhodes

Inventor's signature Richard P. Rhodes

Date 8/8/00 Country of Citizenship US

Residence 13 Lil Nor. Avenue

Somersworth, NH 03878

NH

2-00 Full name of second joint inventor, Donna L. Lizotte, Ph. D.

Inventor's signature Donna L. Lizotte

Date 8/8/00 Country of Citizenship US

Residence 238 South Road

Kensington, NH 03827

NH

(Declaration and Power of Attorney [1-1] page 3 of 4)

(Declaration and Power of Attorney [1-1] page 4 of 4)

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS3-00 Full name of third joint inventor, Ryan WeeksInventor's signature Ryan WeeksDate 8/9/00 Country of Citizenship USResidence 47 Sylvan Avenue 11 MORNINGSIDE DRIVEPost Office Address Pleasant Ridge, MI 48069 DERRY, NH 03038 NH.4-00 Full name of fourth joint inventor, Carl F. KackenmeisterInventor's signature Carl F. KackenmeisterDate 8/8/2000 Country of Citizenship USResidence 10 Country Farm RoadPost Office Address Stratham, NH 03885 NH.

Full name of fifth joint inventor, \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED  
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. Number of pages added 1

       Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added       

       Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added       

\* \* \*

       Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added       

\* \* \*

       Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

       This declaration ends with this page.